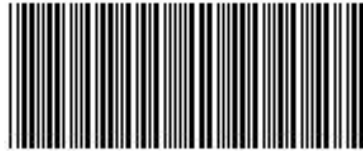




## Request for Copy of Collision Report



### Instructions:

- Complete a separate request form for each collision report requested. For best results, print neatly and provide accurate information.
- A \$5.00 check or money order made payable to: Washington State Dept. of Transportation must accompany **each request. Do not send cash.** This fee is to pay the cost of searching for the report and is not refundable, regardless of whether or not a copy of the report can be provided.
- Include a self-addressed envelope for **each report** requested.

### Type of Report Requested (*Check one box*)

- ☐ Police Traffic Collision Report (Officer's Report)
- ☐ Vehicle Collision Report (Driver's Report)  
Washington State Law (RCW 46.52.080 and .083) provides for the release of the Vehicle Collision Report only to the person(s) who signed the report, or their legal representative.

### Collision Information (If necessary, use a separate page for additional information.)

Collision Report No.		Date of Collision		County Where Collision Occurred	
Fatality <input type="checkbox"/> Yes <input type="checkbox"/> No		City Where Collision Occurred		Name of Roadway Where Collision Occurred	
Name of Driver or Involved Party Last Name			First Name	MI	WA State Driver's Lic. No.
Name of Second Driver or Involved Party Last Name			First Name	MI	WA State Driver's Lic. No.

### Requestor Information

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Print Name or Firm's Name			Date		
Street or PO Box			Phone No.		
City/Town	State	Zip Code	File, Policy, or Claim No.		

### Mail request for collision reports to:

Washington State Department of Transportation  
Collision Records Request Section  
PO Box 47382  
Olympia, WA 98504-7382  
Phone: 360-570-2355

Please consider this your 5-day response as required by RCW 42.17.320. It may take up to 75 days following acceptance of your completed request for you to receive a Collision Report or response.

For Office Use Only

☐ C ☐ P ☐ MNF



## **Collision Report - Supplement**

### **Collision Information**